

*Michigan Department
of Community Health*



Office of Drug Control Policy

STATE OF MICHIGAN

OFFICE OF DRUG CONTROL POLICY

STRATEGIC PLAN

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Office of Drug Control Policy

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY – STRATEGIC PLAN
EXECUTIVE SUMMARY**

The Office of Drug Control Policy (ODCP) was established by Executive Order 1991-20 and is located within the Michigan Department of Community Health (DCH) through Executive Order 1996-2. ODCP functions include the administration of certain alcohol and drug-related prevention, treatment and law enforcement programs. In 2003, substance abuse treatment and prevention services were brought into ODCP, as well as responsibility for prevention and treatment of gambling addiction.

Substance abuse affects not only an individual and his/her family, but also the welfare of the community as a major contributing factor to crime and the need for social services. Many of Michigan's families, regardless of economic or social condition, are affected by substance use, abuse or dependence. Addiction is a family disease with serious consequence to all its members.

A 1998 study by the Center on Addiction and Substance Abuse at Columbia University estimated that untreated substance abuse costs Michigan in excess of \$2 billion annually. Currently, public funds specifically directed to prevention and treatment of substance use disorders comprise less than ten percent of this amount. The consequences of substance abuse affect multiple state and local agencies, and few have the mandate or resources to provide prevention or treatment.

To successfully address the personal and social problems resulting from substance abuse, a comprehensive, collaborative approach is essential. Such an approach incorporates prevention, treatment, education, law enforcement and collaboration. Correspondingly, ODCP has established eight strategies and six initiatives to guide the operations of the Office. ODCP is committed to being an effective partner in achieving Michigan's goals and in addressing the consequences of substance abuse.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY – STRATEGIC PLAN**

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OFFICE OF DRUG CONTROL POLICY - OVERVIEW

The Office of Drug Control Policy (ODCP) was established by Executive Order 1991-20 and located in DCH through Executive Order 1996-2. ODCP functions include the administration of certain alcohol and drug-related prevention, education and law enforcement programs; coordinating drug (abuse)-related programs and providing advice and recommendations on illicit drug abuse prevention, treatment and drug law enforcement.

Through a reorganization completed in 2003, substance abuse treatment services were brought into ODCP. With this change, ODCP is also responsible for publicly funded substance abuse prevention and treatment programs administered under Article 6 of the Public Health Code (Act 368 of 1978 as amended). These services are provided through local Regional Substance Abuse Coordinating Agencies.

ODCP is part of the Mental Health and Substance Abuse Services Administration of DCH and is organized into five areas: Education, Prevention, Treatment, Law Enforcement, and Contract Management/Data/Evaluation. ODCP is also responsible for the prevention and treatment of compulsive gambling. ODCP administers approximately \$115 million including: the Substance Abuse Prevention and Treatment Block Grant, Byrne Justice Assistance Grant (Byrne JAG), Safe and Drug Free Schools & Communities Act (SDFSCA) grant funds, associated state appropriations and participates in administering substance abuse Medicaid and other waiver-related benefits.

ODCP is guided by these core beliefs:

- *We believe that no child is disposable.*
- *We believe that we can help to restore people back to dignity.*
- *We believe in accountability.*

The mission of ODCP is:

To reduce the abuse of alcohol, drugs and other substances and related criminal activity and violence.

With goals as follows:

- *To protect youth from substance abuse and related violence.*
- *To reduce the demand for alcohol and other drugs and their harmful effects on young people and adults.*
- *To reduce the supply of illicit drugs.*
- *To restore people to dignity.*

ODCP is committed to working toward the following goals articulated by Governor Granholm:

- *Make Michigan's people healthier and our families stronger.*
- *Protect our citizens and make Michigan's communities safer.*
- *Improve student achievement.*
- *Make government in Michigan more cost effective and efficient.*

SUBSTANCE ABUSE--ITS PERSONAL, SOCIAL, AND ECONOMIC CONSEQUENCES

*“....Substance abuse is the common denominator in most of our negative social conditions”**

Substance abuse affects not only an individual and his/her family, but also the welfare of the community. As a major contributing factor to crime and need for social services, the costs of substance abuse far outweigh the resources currently committed to its prevention and treatment.

Effects on Individuals and Families

Many of Michigan’s families, regardless of economic or social condition, are affected by substance use, abuse or dependence.

The lifetime prevalence estimate of alcohol and/or substance use disorders is approximately one in seven Michigan residents—including about 100,000 youth. Using 2000 Michigan household survey data about illegal drug use and associated dependence/addiction, there are about 148,000 Michigan residents who are currently abusing or dependent on illegal drugs. This survey estimated 441,000 adults are dependent on alcohol. Substance abuse has a relationship to crime, homelessness, child abuse and neglect, communicable diseases, unintended pregnancy, escalation of health care costs, chronic disease and injury.

Alcohol and Illicit Drug Use

Studies show that the earlier a person begins using an illicit substance, the higher the likelihood that they will abuse alcohol and other drugs, become involved in crime, and participate in risky sexual behavior compared to their non-using peers.

The *2003 Michigan Youth Risk Behavior Survey (YRBS)* reports 35% of students used alcohol, and 12% used marijuana before age 13. Young people who begin drinking before age 13 are four times more likely to become addicted than those who begin at age 21.

Students reported that in 2003 44% drank alcohol, 28% used marijuana, and 22% had sniffed glue/inhalants to get high.

According to the *2003 National Household Survey On Drug Use and Health*, rates of Alcohol, Tobacco and other Drug (ATOD) use among youth and young adults in Michigan were relatively high compared to the rest of the country. Within Michigan, rates of substance use are consistently higher in the Northern Lower and Upper Peninsula regions and lower in Detroit.

* *(public comment)*

Case liquor sales increased by 17.1% between 1995 and 2003; the Michigan population over age 21 increased by 5.8% during this time.

According to the 2003 *National Household Survey on Drug Use and Health*, in Michigan, 65% of 18-25 year olds, and 59% of those 26 and over reported using alcohol in the past month. Forty-four percent of 18-25 year olds, and 23% age 26 and older, reported binge drinking in the past month.

Alcohol is reported as the primary drug in approximately half of all admissions into treatment. Marijuana was involved in 40% of state-funded treatment admissions in the past two fiscal years.

The reported primary substance of abuse for publicly-funded clients in Michigan has remained relatively stable over the past five fiscal years. Other than alcohol, in order of prevalence, the primary substance is cocaine/crack, then marijuana/hashish, and heroin. Statewide trends show significant percentage increases in methamphetamine and other opiates (such as OxyContin). Treatment admissions for which methamphetamine was a factor increased from 311 in FY 1999 to 1,023 in FY 2003.

Older Adults – An Underserved Population

In the Substance Abuse and Mental Health Services Administration (SAMSHA) publication, *Substance Abuse Among Older Adults: A Guide for Social Service Providers*, 17% of older adults are reported to abuse alcohol and prescription medications. Forgetfulness, fatigue, loss of appetite, and confusion are often attributed to other illnesses, but may have substance abuse/dependence implications.

Tobacco Use by Minors

Since 1997, Michigan has made significant progress in reducing the number of students who first try smoking before the age of 13. The 2003 Michigan YRBS reveals that 23% of students smoked, 21% of which began/tried smoking before age 13.

Abuse and Neglect

National estimates are that at least 70% of substantiated abuse and neglect cases involve substance abuse. In FY 2004, the Michigan Family Independence Agency (now DHS) out-of-home caseload was 17,240.

According to the National Center on Addiction and Substance Abuse at report, *Family Matters: Substance Abuse and The American Family*, adults with substance use disorders are 2.7 times more likely to report abuse behavior and 4.2 times more likely to report neglectful behavior toward their children.

The number of Michigan-reported domestic violence victims increased from 39,977 in 1994 to 55,093 in 2002. This increase may be, in part, a result of increased reporting of incidents as domestic-related rather than changes in domestic violence behavior.

Academic Achievement

Students who perform poorly in school are up to eight times more likely than their peers to use alcohol and drugs, and to engage in violence and other high-risk behavior.

As part of the *2001 Michigan YRBS*, students reported the grades they typically received, as well as their risk behaviors. Compared to students with high grades (mostly As/Bs), low-performing (mostly Ds/Fs), students were six times more likely to have started marijuana use before age 13; two times more likely to have started drinking alcohol before age 13; three times more likely to have carried a weapon or physically fight; and ten times more likely to have smoked cigarettes heavily (10+ daily).

In school year 2003, 23% of school expulsions resulted from student illicit drugs/narcotics use or alcohol use/possession.

School Year 2003 Center for Educational Performance and Information (CEPI) Data--There were 1,386 out-of-school expulsions among Michigan's school-age children of which 325 were alcohol and illicit drug related; 457 (33%) were violence-related; and, 316 (23%) were weapons possession-related. Hundreds of Michigan students missed a substantial amount of academic instruction in 2003 due to being expelled for alcohol, illicit drug- and violence-related behaviors.

Mental Health

According to national estimates, 23% of persons with serious and persistent mental health disorders also have co-occurring substance abuse or dependence.

In FY 2004, about 13% of persons receiving services in Michigan who were screened were determined to have a co-occurring disorder. However, over 74,000 persons receiving mental health services through the Community Mental Health (CMH) system were not screened or assessed.

Conversely, over 20% of persons with substance use disorders have a co-occurring mental health condition.

In FY 2004, coordinating agencies reported that for 15% of persons receiving substance abuse treatment services, there was a mental health factor involved.

During the mental health treatment process, 13% of children will originally identify substance use impairment at entry--increasing to over 24% as treatment continues.

Health

From 1999-2002, emergency rooms in southeast Michigan reported a 46% increase in patients that mentioned heroin as a cause of the hospital visit.

Abuse of hydrocodone (Vicodin) and oxycodone (OxyContin) has been increasing, often diverted from legitimate prescription sources.

Housing

Michigan State Housing Development Authority estimates that over 80% of the 36,214 persons who were homeless in January 2004 were impacted by substance abuse.

Community Safety and Criminal Justice Implications

Substance abuse impacts public safety as a contributing factor to automobile crashes and crime with major associated justice and social services implications and costs. Substance abuse, as a cross-cutting issue, is evidenced by its presence as a condition affecting Michigan's prisoners. More than two-thirds have been assessed as having a substance abuse problem. Further, recidivism (within two years) for those with substance abuse dependence was 2.6 times greater as noted in a 2004 Michigan Department of Corrections report. Between 1980 and 1999, prison commitments for drug offenses grew by 228%, as noted in the *"Report on Economic Effects of Michigan Drug Policies."*

Driving

Approximately 36% of fatal crashes involve drunk/drugged drivers.

In 2003, Michigan had 366 fatal crashes and 415 fatalities related to alcohol and drug-impaired driving and an additional 14,556 crashes where alcohol was a factor. In 2003, there were 4,411 crashes involving teens and young adults (age 16-24), of which 91 resulted in fatalities.

Crime

Between 1993 and 2002, there was an increase of 55% for liquor offenses 35% for Narcotic offenses and 11% for Driving Under the Influence offenses.

Reported drug and alcohol crimes largely reflect law enforcement agencies' self-initiated involvement in enforcement. These offense categories are, to a large degree, more a measure of law enforcement activity than a precise indicator of the extent of the drug or alcohol problem in a geographic area.

Methamphetamine

In 1997, Michigan State Police recorded the seizure of three labs. In 2004, seizures totaled 209.

This highly addictive stimulant is manufactured in extremely flammable and toxic clandestine labs. For every pound of "cooked" methamphetamine, an estimated six pounds of toxic waste is created-most of which is dumped on the ground. Children present in these home labs are exposed to toxic fumes, a contaminated environment, and abuse and neglect by adults who are using the drug.

Juvenile Justice

DHS identified 37% of youth in juvenile justice settings having experienced substance abuse related problems or limitations in daily functioning; 33% more youth reported experimentation

Of those adolescents receiving substance abuse treatment through Regional Substance Abuse Coordinating Agencies in FY 2004, 73% were involved in the juvenile justice system and 197 were reported to reside in a juvenile detention center.

Corrections

In a 2002 Detroit study, 69.5% of arrestees tested positive for a drug at time of arrest; 47% also reported heavy use of alcohol.

Over 50% of these arrestees self-reported their need for treatment. An additional 18%-20% reported having been admitted to an alcohol or drug treatment program in the past.

Approximately 60% of persons receiving substance abuse treatment through the coordinating agency network are justice system-involved.

Thirty-four percent of all persons receiving treatment in FY 2004 were on probation.

Economic Consequences

A 1998 study by the Center on Addiction and Substance Abuse at Columbia University estimated that untreated substance abuse costs Michigan in excess of \$2 billion annually. Currently, the average public cost of treatment is under \$3,000 per person served. The consequences of substance abuse affect multiple state and local agencies, and few have the mandate or resources to provide prevention or treatment. Greater understanding of the nature and consequences of substance abuse and treatment would provide far-reaching economic and personal benefits.

A COMPREHENSIVE APPROACH

*“Dollar for dollar, investing in substance abuse treatment and prevention can yield the greatest return in societal benefits than perhaps any other discipline, yet it is consistently undervalued and grossly underfunded...”**

Prevention

The best intervention is prevention. Research supports collaborative, community-based strategies, which assess risk factors (and indicators) that foster substance abuse behavior, as well as protective factors (and assets) that reduce the risk of substance use. Evidence-based intervention strategies that build from an understanding of these factors have the greatest likelihood of reducing substance abuse.

Treatment

Addiction is a disease categorized as a chronic disorder and research indicates treatment works. Michigan’s continuum of services can be strengthened and enhanced through the addition of early intervention, recovery support, and best practice. Greater access to treatment can have a significant, positive impact on justice and social welfare costs. Resource-related barriers can be addressed in part through better coordination with others who have a stake in substance abuse issues.

Education of the Public

The public’s understanding of the harm of drug use and addiction is limited -- stigma and shame remain barriers to treatment and recovery. Likewise, an understanding of how communities can support both prevention efforts and support the recovery of individuals could be improved.

Law Enforcement

Law enforcement is the front line response in deterring crimes committed by offenders with substance use disorders and, therefore, law enforcement has a significant interest in treatment and prevention. Police, prosecutors, courts, probation and parole, and treatment providers must work collaboratively to develop sound alternatives to incarceration for substance abusing offenders. Law enforcement also has a role in substance abuse prevention by reducing supply, overseeing legal distribution, and providing prevention programs to youth and the community.

Coordination/Collaboration

ODCP, and its many partners have long understood the need for a comprehensive approach to the personal and social problems and costs arising from substance abuse. Partnerships could be enhanced to more effectively address substance abuse. One example of a partnership is the Michigan Prisoner Re-Entry Initiative that recognizes opportunities to support re-entry and reduce recidivism through a collaborative, comprehensive, community strength-based approach.

* (public comment)

ODCP has a unique organizational structure that provides for comprehensive alcohol and drug activities including education, prevention, treatment and law enforcement. This structure allows for a coordinated approach addressing individuals, families, and communities through prevention and treatment; community safety through enforcement, and demand reduction and better government through coordination, collaboration, and effective programming. ODCP is committed to being an effective partner in achieving Michigan's goals, summarized below, with the strategies and initiatives being directed toward their achievement by ODCP.

A comprehensive approach is implemented through two primary mechanisms within ODCP. As the state authority for substance abuse services administered and delivered through the authority of P.A. 368 (1978, as amended), Article 6, ODCP has responsibility and authority to administer and coordinate public funds for substance abuse treatment and prevention, including the development of policy, standards, guidelines and funding priorities. These responsibilities will be directed toward accomplishing the strategies outlined below. Additionally, through the grant application, monitoring and evaluation process, ODCP supports programs and services within the strategies that follow.

The initiatives outlined in this plan will be implemented as special projects within ODCP. These will promote the inclusion of stakeholders, including consumers. Each initiative is described below. As projects are completed, results will be incorporated in routine operations.

Grants administration responsibilities include various competitive grant awards as well as the following:

U.S. Department of Education (USDOE) grants – Title IV, 21st Century Schools, Part A, Safe and Drug Free Schools and Community Act (SDFSCA), which includes the Formula and Governor's Discretionary Grant (GDG) programs

Formula funds support the implementation of effective programs and services to prevent violence and the illegal use of alcohol, tobacco, and other drugs (ATOD) among Michigan youth through Michigan's LEAs (school districts). Twenty percent of SDFSCA funds are reserved for the Governor's Discretionary Grant Program (GDG) that is competitively awarded to non-profit community-based organizations throughout Michigan to support after-school, evening, and summer prevention programming for youth not normally served by school districts (e.g., homeless and runaway youth).

U.S. Department of Justice (DOJ) grants – Byrne JAG and the Residential Substance Abuse Treatment for State Prisoners (RSAT) program

ODCP is the designated State Administrative Agency for these grants and, therefore, responsible for sub-contracting funds to units of state and local government. Byrne JAG allows states and local governments to support a broad range of activities to prevent and control crime and improve the criminal justice system. The RSAT Formula Grant Program assists states and units of local government in developing and implementing residential substance abuse treatment programs within state and local correctional and detention facilities.

The Substance Abuse Prevention and Treatment Block Grant

This grant forms the core funding for public substance abuse treatment and prevention services, supplemented with state financial support. ODCP/DCH contracts with the regional Substance Abuse Coordinating Agencies for provision of substance abuse services based on both federal grant requirements and Article 6 of P.A. 378(1978, as amended).

ODCP STRATEGIC GOALS AND INITIATIVES

Michigan's Goal: Improve student achievement

ODCP's Goal: To protect youth from substance abuse and violence.

STRATEGY 1: Foster a safe and drug-free learning environment that supports academic achievement and promotes positive student behaviors by reducing violence and the illegal use of alcohol, tobacco, and other drugs (ATOD) among Michigan's youth.

Indicators of Success:

- Provision of training opportunities with the Michigan Department of Education to increase the effectiveness of ATOD and violence prevention programs.
- An increase in the number of Title IV funded projects that effectively implement research-based prevention programming.
- An increase in the number of Title IV funded projects that successfully achieve their annual program outcomes.
- An increase in the number of Title IV funded projects that implement the Principles of Effectiveness (PoE) with fidelity.
- Continued meetings of the state SDFSCA Advisory Committee and expansion of its membership to include relevant state and local stakeholders.
- An increase in the number of schools (e.g., LEA, public school academy, and non-public) that utilize their Title IV funds.

Outcomes:

- Decrease in the number of alcohol and drug-related expulsions, as measured by the Center for Educational Performance Indicators (CEPI).
- Decrease in the number of students who did not go to school on one or more of the past 30 days because they felt unsafe at school.
- Increase in the number of students who receive school-based ATOD and/or violence prevention programming.

STRATEGY 2: Work with non-profit community-based organizations, state and other stakeholders to implement effective research-based violence and substance abuse prevention programs for youth not normally served by local education agencies (LEAs).

Indicators of Success:

- Increased needs assessment efforts by non-profit community-based organizations to identify out-of-school youth needing prevention services.
- Evidence of collaborative efforts to increase service capacity within communities among local school districts and criminal justice agencies.
- An increase in the number of Governor's Discretionary Grant (GDG) applications that are submitted by non-profit community-based organizations that specifically target out-of-school youth.
- An increase in the number of GDG-funded projects that successfully achieve their annual program outcomes.
- An increase in the number of GDG-funded projects that effectively implement research-based prevention programming.

Outcomes:

- Increase in the number of out-of-school youth receiving ATOD and violence prevention programs and services through funding provided by GDG.
- Decrease in the number of youth that begin to use alcohol, tobacco, marijuana, and other drugs before the age of 13.
- Decrease in the number of youth reporting use of alcohol, tobacco, marijuana, and other drugs in the past 30 days.

STRATEGY 3: Improve the ability of schools and non-profit community-based organizations to provide effective violence and prevention programming through leadership, accountability, technical assistance, coordination of efforts among state and local stakeholders, and funding of effective strategies.

Indicators of Success:

- Continued technical assistance visits to schools and non-profit community-based organizations.
- Continued evaluation technical assistance and training opportunities to facilitate accurate collection and analysis of data.
- Increase in collaborative efforts within communities among local stakeholders to increase service capacity and eliminate duplication of effort.
- Increased knowledge and awareness of youth substance abuse and violence problems among parents and community members.

Outcomes:

- Increase in the number of school and non-profit community-based organization staff that engage in training in evaluation and research-based prevention programming.
- Increase in the number of parents and community members participating in Title IV funded projects.
- Increase in the number of Michigan youth who receive research-based ATOD and/or violence prevention programming.

Michigan's Goal: Make Michigan's people healthier and our families stronger
ODCP's Goal: To reduce the demand for alcohol and other drugs and their harmful effects on young people and adults.

INITIATIVE 1: Develop and implement a strategic prevention framework that: a) prevents the onset and reduces the progression of substance abuse; b) reduces substance abuse-related problems in communities; and, c) builds prevention capacity and infrastructure at the state and community levels.

Overview: This initiative represents a strategic planning process utilizing models supported by the SAMHSA-Center for Substance Abuse Prevention.

Method: This initiative is financially supported by a five-year federal infrastructure development grant and federal strategic policy guidelines must be followed. Products are developed through a work group structure whose membership incorporates stakeholders.

Expected Outcomes:

- An increase in effective prevention programming.
- Increased coordination and collaboration across service systems.
- Increased local community coordination.
- Increased positive impact of community-level prevention services.

Milestones:

- A profile of the population, resources, and readiness is issued.
- An assessment of population needs and available resources is issued.
- Technical assistance opportunities are provided to both state and community-level stakeholders.
- A strategic prevention plan is issued.
- Evidence-based policy, practices, strategies, and programs are implemented.
- Ongoing review of policies, practices, strategies, and programs occur.

Metrics/Measures:

- Decrease the number of youth using alcohol, tobacco, marijuana and other drugs.
- Decrease the number of youth that begin using alcohol, tobacco and other drugs before age 13.
- Decrease the number of adults, including older adults, abusing alcohol and using marijuana and other illicit drugs.
- Reduce the number of retailers selling tobacco products to minors.

Michigan's Goal: Make Michigan's people healthier and our families stronger
ODCP's Goal: To restore people to dignity.

STRATEGY 4: Support the operation of an accessible substance abuse treatment system that promotes quality and recovery.

Indicators of Success:

- Revised policy and guidance that streamlines access to substance abuse treatment services.
- Development of standards for cultural competence.
- Development of standards and performance criteria for individualized treatment.
- Provision of meaningful involvement for clients and families in the design, operation, and evaluation of services.
- Development of outreach services to underserved populations.
- Increased access to substance abuse treatment for clients/consumers of other state services such as child welfare, housing, and vocational services.

Outcomes:

- A reduction in the average time from referral to treatment.
- Improved client engagement and retention in treatment.
- Improved service outcomes.
- An increase in the number of persons receiving services.
- An increase in consumer participation in policy and program decisions.

INITIATIVE 2: Work with state and local stakeholders to implement a strategy to expand the number and size of drug treatment courts in Michigan.

Overview: Drug treatment court systems offer an integrated, systematic approach to dealing with drug-using offenders, including juveniles and adults. Drug treatment courts represent an enhancement of community supervision by closely supervising drug offenders in the community, placing and retaining drug offenders in treatment programs, and providing related services to offenders. The benefits of drug treatment courts include generating cost savings when offenders' reliance on the service delivery system is ultimately or eventually reduced and especially when drug treatment courts reduce reliance on jail and prisons. Drug treatment courts ultimately reduce drug use and recidivism while offenders are in the program.

Method: ODCP will continue to utilize Byrne JAG funding to support drug treatment court projects and continue coordination and collaboration with the State Court Administrative Office, Michigan Department of Corrections, and stakeholders.

Expected Outcomes:

- Reduce substance use and related criminal activity by integrating substance abuse treatment with justice case planning.
- Reduce jail utilization and detention bed utilization for non-violent substance abusing adult and juvenile offenders.
- Enhance public safety by holding offenders accountable for their decisions and actions.
- Provide resources and support to assist substance-abusing offenders in gaining the necessary skills to maintain a sober, productive existence.

Milestones:

- Expanded geographic availability of drug court programs.
- Identification of successful strategies for drug court sustainability.
- Demonstrated cost/benefit of drug court treatment services.
- Increased state and local cost-sharing collaboration in financing drug treatment court-related costs.

Metrics/Measures:

- Increase the number of drug treatment court participants that successfully complete the drug treatment court program.
- Increase the number of family drug treatment courts, as reported in *American University's Annual Report: Summary of Drug Court Activity by State and County*.
- Increase the number of substance abusing offenders that participate in drug treatment courts and other correctional-based treatment programs.

INITIATIVE 3: Develop an expanded continuum of care to meet the needs of persons with substance use disorders and their families.

Overview: The substance abuse continuum of care is conceptualized to include prevention, intervention, treatment, continuing care, recovery, and community support services. From the perspective of the individual and the community, it is intended to promote positive outcomes in the realm of the individual, family, and community health; to prevent and treat substance abuse including its associated mental and behavioral disorders; to support resilience and recovery; and prevent relapse. A

comprehensive array of services, based on individualized need, is intended to be available to each consumer.

Method: A multi-faceted approach involving coordinating agencies, providers, consumers, and other stakeholders and crossing the traditional boundaries of prevention and treatment is needed to carry out this initiative. Infrastructure barriers include funding, data reporting, licensing, and program standards. Clinical, as well as administrative capability, must be in place as well. Development of the definitions, standards, and funding for an expanded array of services will involve assignment of ODCP staff, participation of coordinating agencies and provider networks, consumers, and other stakeholders.

Expected Outcomes:

- Increased coordination between substance abuse and other community service providers and community supports.
- Decreased recidivism.
- Increased consumer satisfaction with services.
- Improved client outcomes.
- Increased service efficiency.

Milestones:

- Complete a plan for development and implementation of an expanded continuum.
- Complete policy and standards for each component of the enhanced continuum of care.
- Develop and implement a contract framework for purchasing services.
- Establish FY 2005 as baseline for measuring outcomes.
- Mechanisms to identify and resolve barriers are operationalized.

Metrics/Measures:

- Increase the number of positive treatment outcomes.
- Increase in the availability of case management services.
- Increase in the number of early intervention programs.
- Increase in the number of recovery support services.
- Increased retention in treatment.
- Increased consumer satisfaction.
- Increased duration in treatment and/or recovery support.

INITIATIVE 4: Build capacity for integrated treatment for persons with co-occurring mental health and substance use disorders.

Overview: Both mental health and substance use treatment services are locally administered and controlled. The state's role is to provide a supportive infrastructure and environment for systems change and to establish policies and standards for integrated treatment. This initiative is directed toward: 1) identifying and eliminating barriers to integrated treatment; 2) identifying and fostering implementation of necessary changes in regional service delivery systems; and, 3) developing standards for the provision of treatment for persons with co-occurring disorders and associated workforce capacity.

Method: Three workgroups have been established to provide input and technical expertise. These include an advisory group to provide general oversight and leadership in building consensus and aligning partners between state and local systems; an administrative group to provide guidance and resolve issues of financing, data reporting, and contractual requirements; and a treatment and outcome workforce group to provide guidance on clinical treatment-related matters and workforce consideration.

As content, such as clinical treatment standards, is developed, it will be incorporated in the department's contractual obligations with regional authorities.

Expected Outcomes:

- Increased integrated treatment capability for mental health and substance abuse providers.
- Improvements in the delivery of integrated treatment services through fostering systems change and addressing infrastructure barriers.

Milestones:

- Issue integrated treatment guidelines to regional authorities.
- Provide workforce competency development via technical assistance, conferences, and other opportunities.
- Develop and issue a plan for early intervention.
- Develop and issue a plan for sustaining integrated treatment.
- Identify and report the baseline capability.
- Provide ongoing state guidance for resolution to barriers of integrated treatment.
- Implement contractual obligations.
- Incorporate integrated treatment performance indicators.

Metrics/Measures:

- Annual increases in the number of persons screened for co-occurring disorder.
- Annual increases in the number of integrated treatment programs.
- Annual increases in the number of integrated treatment projects in local authorities.
- Provision of at least four state and/or regional training and opportunities each year.
- Identification and resolution of barriers identified by local projects.
- Improved treatment outcomes for persons with co-occurring disorders.

Michigan's Goal: Protect our citizens and make Michigan's communities safer
ODCP's Goal: To reduce the supply of illicit drugs.

STRATEGY 5: Enhance local law enforcement's response to community drug and violence problems through leadership, coordination, and funding of effective strategies.

Indicators of Success:

- Improved ability of criminal justice agencies to reduce violent crime, including a reduction in the availability of guns and other weapons.
- Strengthened law enforcement efforts in reducing juvenile crime and delinquency.
- Improved local coordination to address identified problems in jails and detention centers which are driven by substance abuse and use.

Outcomes:

- An increase in the number of law enforcement, court, and prosecution personnel engaged in training specific to domestic violence, family violence, and child abuse.
- An increase in the number of domestic violence prosecutions that are evidence-based.

- Increased access to treatment and other services for juvenile and adult offenders.
- Increase in the reported number of arrestees referred to treatment.
- Reduced detention and jail utilization by juvenile and adult offenders with substance use disorders.

STRATEGY 6: Reduce the supply of illicit drugs through effective interdiction, forensic science, training, and collaboration and coordination of local, state, and federal law enforcement.

Indicators of Success:

- Multijurisdictional Drug Teams covering all 83 Michigan counties.
- Enhanced and expanded prevention activities performed by Multijurisdictional Drug Teams.
- The alignment of supply interdiction activities with identifying drug treatment program needs.
- Treatment is supported and encouraged as a means to reduce the number of repetitive offenders.

Outcomes:

- Reduce the supply of illicit drugs as measured by the *National Office of Drug Control Policy Annual Threat Assessment Report*.
- Reduce the supply of drugs as measured by the amount of drugs seized by Multijurisdictional Drug Teams and cases reported to the Michigan Department of State Police, Forensic Science Division.

INITIATIVE 5: Reduce the manufacture and availability of methamphetamine through effective strategies developed with the State Methamphetamine Task Force and local community groups.

Overview: Methamphetamine has been a growing concern in Michigan for several years. The goal of this ongoing initiative is to reduce the manufacture and availability of methamphetamine through effective strategies developed with the State Methamphetamine Task Force and community groups. In March 2002, ODCP convened stakeholders to develop a statewide strategy aimed at methamphetamine use and production, while heightening state and local response in enforcement, prevention, environmental and treatment, as well as addressing the environmental impact of drug labs.

Method: This strategy now includes eight multi-disciplinary committees, which are: Media and Public Awareness, Law Enforcement, Environmental, Prevention, Treatment and Education, Child Welfare, Prosecution and Judicial, and Retail. The State Methamphetamine Task Force meets quarterly to discuss methamphetamine initiatives. ODCP provides the lead staff for this task force, which now includes additional state, local, and community agency participation.

Expected Outcomes:

- Increased community awareness of the dangers of methamphetamine production and use.
- Control and reduction in the growth of methamphetamine as a substance abuse problem.
- Reduced availability of precursor chemicals through legislation restricting purchase.
- Increased knowledge of methamphetamine use and abuse, effective prevention strategies, and treatment protocols.
- Recognition and response to child abuse and neglect implications.

Milestones:

- Regional methamphetamine task forces developed and regional strategies implemented.
- Standards for environmental clean-up issued.
- State Drug Endangered Children protocol implemented.

- Public service announcements developed and aired.
- Task Force continuation and expansion of multi-disciplinary membership.
- Additional legislation relative to controlling methamphetamine is passed.

Metrics and Measures:

- Reduce the number of clandestine meth labs.
- Increased reported number of arrestees referred to meth treatment.
- Increased safety of children found in meth labs then implementation of a drug endangered children protocol to meet their medical and social needs.
- Increased number of meth public service announcements on television, radio, and in print.
- Reduced theft of precursor materials and availability of pseudoephedrine products.
- Increase identified number of contaminated production sites that are decontaminated.

Michigan's Goal: Make government in Michigan more cost effective and efficient
ODCP's Goal: Accountability as a core belief

STRATEGY 7: Improve prevention and treatment outcomes through best practice.

Indicators of Success:

- Establishment of meaningful workforce credentialing standards for publicly-provided services.
- Provision of guidance, technical assistance, and training support for evidence-based prevention and treatment models.
- Implementation of best practice initiatives throughout the coordinating agency provider network.
- Establishment of ODCP contract requirements for quality improvement.
- Development of outcome measures.
- Establishment of substance abuse workforce development relationships with universities are established.

Outcomes:

- Increased compliance with individualized treatment requirements.
- Improved client retention and outcomes.
- Development and implementation of a multi-year comprehensive workforce training plan.

STRATEGY 8: Support organizational change that improves performance.

Indicators of Success:

- Implementation of an incentive funding model to foster best practice.
- Establishment of mechanisms, such as work groups, to address and resolve gaps and barriers to quality, efficiency, and effectiveness.
- Increased use of data driven decision-making.
- Development and implementation of a comprehensive performance indicator system.

Outcomes:

- Reduction in recidivism.
- Reduction in the average cost per person served while maintaining client outcomes.
- Increase in the community support made available to persons receiving treatment services.
- Reductions in duplication and overlap of services and administrative activities.

- Increase in state and coordinating agency level coordination of services and funding.
- By 2007, provision of an annual report of findings on key performance indicators, reflecting the management and delivery of publicly-funded services.

INITIATIVE 6: Identify cross-system substance abuse prevention and treatment issues and resources and build support for coordination and collaboration with stakeholders.

Overview: The impact of substance use disorders is felt across much of state government including the judiciary branch. Services are not well coordinated at the state, regional, or local levels. In addition, organizational missions' vary and funding is limited.

Method: An approach which builds awareness of substance abuse and its implications; identifies stakeholders and develops opportunities and expectations for coordination and collaboration to addresses mutual needs and achieve mutually agreed upon benefits. Through such an approach, gaps, barriers, and opportunities can be identified. The approach must identify and include relevant stakeholders and be sufficiently organized and supported to be successful.

Expected Outcomes:

- Increase in treatment and prevention service availability for customers, consumers and clients across stakeholder departments.
- Increased coordination and collaboration at the state level.
- Increases in the number of local collaborative agreements for coordination of services and funding to support services for mutual clients and consumers.
- Increased private sector interest and insurance coverage for drug treatment.

Milestones:

- Development of a plan for accomplishing the initiative.
- Identification of stakeholders and their commitment for participation.
- Identification of current resources across state government directed to substance abuse and identification of opportunities for coordination and collaboration.
- Improve the existing ODCP website to provide substance abuse-related information and access to prevention and treatment resources.
- Develop and issue guidance on Memorandums of Understanding for local use in coordination and collaboration.
- Funding is developed through grant support or is otherwise identified to support a Task Force, Commission or similar means to address substance abuse.

Metrics/Measures:

- Documentation of resolution of state and other infrastructure barriers that increased coordination and collaboration.
- Increase in resources available for substance abuse treatment and prevention.
- Reductions in incidence and recidivism in other systems through the provision of substance abuse treatment.